

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

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JUL 1 6 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15)

I. Name of Lobbyist(s) Debra Vanderbeek, Robert Clegg, Periklis Karoutas, Leann Moccia, Chris Herr

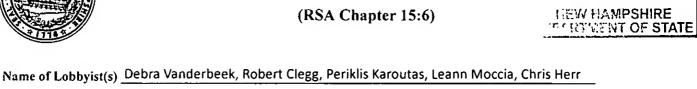
Legislati	ve Solutions, L.I	C.			
(Name of part	nership, firm or co	poration)			
P.O. Box 1	0724	Bedford	N	Н	03110
Business Address: (Street)		(Town/City)	(Si	ate)	(Zip Code)
() 603-986-9145	()		e-mail (dbeek@aol.	com
() <u>603-986-9145</u> (Telephone)	、	(Fax)			
III. This statement covers: (Creportable expense transaction	ons which are no	ot attributable to	any one client).		
☐ All reportable transactions		months prior to three Camp Directo	_	lative to the f	following client:
(Full N			byist Registration Fo	orm)	
<u>OR</u>		.,	, <u></u>	-,	
☐ All reportable transactions unrelated to any particular clie		ncluding the lobb	yist's family), or tl	ne lobbying fi	irm listed below which a
•	25, 2018 Iate of registration	to 3/31/18	July 25, 20 activity from 4/1/1	18 X 8 to 6/30/18	
Octob	per 31, 2018 rom 7/1/18 to 9/30/		January 30 activity from 10/1	, 2019 🗌	•
V. There have been no fee: If this box is checked, complete Concord, NH 03301.					
VI. Check if additional repor	ts are attached:				
If you have received fees of		ares, you must fil	e Addendum A- l	Fees and Expo	enses
☐ If you have paid an honora Expense Reimbursement					
☐ If you, your firm, or your t	family has made p	political contribut	ions, you must file	Addendum	C- Political Contribution
Sworn Statement/Affirmation I have read RSA 15, RSA 15-B and complete to the best of my	3, RSA-14-C and	RSA 664 and her pelief.	eby swear or affin	m that the for	egoing information is tr
			July 19, 20		
(Signature of loobyist)				(Date)	
Debra Vanderbeek					
(Print Name of lobbyist)					

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

JUL 1 6 2018



I. Name of Lobbyist(s) Debra Vanderbeek, Robert Clegg, Periklis Karou	tas, Leann Moccia, Chris Herr
II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	
III. Name of Client New Hampshire Camp Directors Association	Date July 19, 2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	t relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ <u>1500.00</u>
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ 1500.00
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>3000.00</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid xpenses; (b) the aggregate total of all sile: meals purchased during a business than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a er than \$25, but not greater than \$50, s, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 1500.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0</u>

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>1500.00</u>
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>1500.00</u>
f) Total of all expenses year to date	f) \$ <u>3000.00</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	obbying fees during this reporting
Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's reporting period (This should be the amount on line f of addendum A for last month's reporting for all expenses: Provide the following detail for all expenditures of more than \$25 made for eriod, including by whom paid or to whom charged. Paid to: Sworn Statement/Affirmation by Lobbyist have read RSA 15, RSA 15-B and RSA 664 and hereby swear or as true and complete to the best of my knowledge and belief. (Signature of lobbyist) Debra Vanderbeek	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
	July 19, 2018
(Signature of lobbyist)	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	

•

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

JUL 1 6 2018 NEW HAMPSHIRE DEPARTMENT OF STATE

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying par	tnership, firm, or corpo	oration: Legislative Solution	ns, L.L.C.	
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to a	
particular client):	lient): New Hampshire Camp Directors Association			
Date of Report (check	one):			
April 25, 2018 □	July 25, 2018 💆	October 31, 2018 🗆	January 30, 2019 □	
			nd Expenses described above, a umber of Addendum forms bei	
Addendum A(s	s).			
Addendum B(s	s).			
Addendum C(s	s).			
complete to the best of	0 0	ief.	et and each Addendum is true a	
(Signature of lobbyist)	08		(Date)	
Robert Clegg				
(Print Name of Jobbyis	t)			

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

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Name of Client (leave b	olank if Statement is fo	or the partnership, firm, or	corporation and not related to any	
particular client):	client): New Hampshire Camp Directors Association			
Date of Report (check o	one):			
April 25, 2018 □	July 25, 2018 💆	October 31, 2018 🗆	January 30, 2019 □	
the following Addendu submitted):	ms submitted with the		d Expenses described above, and umber of Addendum forms being	
Addendum A(s)				
Addendum B(s)).			
Addendum C(s)).			
I hereby swear or affirm complete to the best of		lief.	nt and each Addendum is true and	
(Signature of lobbyist)			(Date)	
/				
Periklis Karoutas				
(Print Name of lobbyist)			

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

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Name of Client (leave blank if S	tatement is for	the partnership, firm,	or corporation and not related to any
particular client): New Hampshire Camp Directors Association			
Date of Report (check one):			
April 25, 2018	5, 2018	October 31, 2018 🗆	January 30, 2019 □
	•		and Expenses described above, and number of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that the complete to the best of my know		ef.	nent and each Addendum is true and y 19, 2018
(Signature of lobbyist)			(Date)
Leann Moccia (Print Name of Jobbyist)			

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Name of Client (leave blank	if Statement is for	the partnership, firm, o	r corporation and not related to a	any
particular client):	New Hampshire Camp Directors Association			
Date of Report (check one):				
April 25, 2018 □ July	y 25, 2018 y	October 31, 2018 🗆	January 30, 2019 □	
the following Addendums submitted):			and Expenses described above, a number of Addendum forms be	
Addendum A(s).				
Addendum B(s).				
Addendum C(s).				
I hereby swear or affirm that complete to the best of my kr	• •	ef.	ent and each Addendum is true a	and
(Signature of lowbyist)			(Date)	
Chris Herr (Print Name of Johnvist)				